



SCLMA President's Message ... ***Dr Mason Stevenson***

Demand for Medical Services is out-stripping supply ...

The demand for medical services by health consumers on the Sunshine Coast continues to rise above record levels for primary, secondary and tertiary level health services despite the financial pressures attributed to the global financial crisis. I do not apologise for using the expression "consumers" as opposed to "patients" due to the obvious shift in behaviour of 21st century Australians with the expectations of prompt service, 24 hour availability, all legal rights retained, little or no personal responsibility, preferably at no out-of-pocket cost!



The supply of medical and allied health professionals on the Sunshine Coast has never been higher in both the public and private health sectors. Expansions at Nambour General Hospital and the Sunshine Coast Private Hospital have not impacted on the 100% occupancy rates of our public and private hospitals, including the Noosa and Caloundra public/private facilities. General practitioners are no longer able to accommodate all patients within a 24-48 hour timeframe. Specialist practitioners have waiting times of many weeks in the private sector and many months in the public sector. Emergency department waiting times at Nambour, Noosa and Caloundra are now averaging 3-4 hours.

The demand by consumers will relentlessly increase due to the baby-boomer and retirement populations on the Sunshine Coast, fostered by unrealistic media-inspired expectations of healthy active unending life. While this is good news for future potential medical business, the sting in the tail is the increasing reliance on Medicare, Queensland Health and Good Samaritans as pensions and superannuation funds plummet in value and fewer retirees are able to afford private health insurance.

The expansion of interim facilities at both Nambour and Caloundra Hospitals will be completed within this financial year including the final instalment of 60 beds at Nambour and expansion of the Caloundra Emergency Department. The opening of the new Ramsay 200-bed hospital at Kawana in late 2013 is most welcome as it will provide a peak of 110 extra public beds and 90 extra private beds during the interval before the Sunshine Coast University Hospital is opened in late 2016. While this is all welcome news, there is a general agreement that the demand for medical services in both the public and private hospital sectors will continue at close to 100% capacity.

General practitioners on the Sunshine Coast provide an interesting example of compassion fatigue. Relentless excessive consumerism, work-life balancing and the Medicare/DVA 50% devaluation of GP worth over 30 years have reduced average GP availability on the Sunshine Coast to less than 40 hours per week, restricted largely to normal business hours, including a growing shift to special interests. Fewer GPs are now available for home visits, aged care visits or after hour sessions. With fewer GPs permitted to commence medical practice on the Sunshine Coast, due to reclassification of the Sunshine Coast to inner-city status in mid 2009, access to GPs will continue to deteriorate.

On a personal note, I too am the victim of compassion fatigue.

It is time for me to step down as President of the SCLMA at this month's AGM upon completion of my fourth term. I am proud to have represented the SCLMA and the AMA in various office-bearer positions concurrently for over a decade.

I wish all my colleagues every success and happiness in both their professional and private lives.

Farewell,

Dr Mason Stevenson

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The Sunshine Coast Local Medical Association welcomes contributions from members, especially *'Letters to the Editor'*.

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NEXT NEWSLETTER SEPTEMBER 2011

The deadline for ALL contributions, advertisements and classifieds is:

FRIDAY 26 AUGUST 2011

Contact Jo: 5479 3979

Email: jobo@squirrel.com.au

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(Please note deadline dates for 2011 will be the last working day of the month preceeding the next newsletter).

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CONTENTS:

- P 5: Kevin Hegarty - District Link -
'National Health Reform'
- P 7: Dr Richard Kidd - President AMA
Queensland. *'Reform Agreement'*
- P 9: Dr Wayne Herdy - AMA Councillor
- P 10: Medical Motoring - Dr Clive Fraser
*'Leyland P76 Targo Florio -
Australia's Own Car!'*
- P 12: Wine Review - Dr Michael Ryan
'Build It and They Will Come!'
- P 15: Food Review - Dr Marcel Knesl
Cucina Al Mare, Marcoola
- P 16-17: AGM Minutes 2010
Agenda 25 August 2011

*The Sunshine Coast Local Medical Association sincerely
thanks Sullivan Nicolaides Pathology for the distribution
of the monthly newsletter.*



MONTHLY CLINICAL MEETINGS

Maroochydore Surf Club Function Room

Alexandra Parade, Cotton Tree.

6.30pm for 7pm

THURSDAY 25 AUGUST 2011

ANNUAL GENERAL MEETING

(including election of officers)

Presenter: Dr Jenny Grew
Topic: "Boys and Girls Come Out to Play:
HPV, Vaccines, Screening & Beyond."
Sponsor: QML Pathology

THURSDAY 22 SEPTEMBER 2011

Presenter: Dr Andrew Paszkowski
Topic: TBA
Presenter: Dr Justin D'Arcy
Topic: Melanoma
Sponsor: TBA

THURSDAY 22 OCTOBER 2011

Presenter: Dr Bernie Mason
Topic: TBA
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ENQUIRIES: Jo Ph: 5479 3979
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Meeting attendance: Free for current members.

Non members: \$30. Applic forms available on night.



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Ground floor
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Dr Bogdan Benga

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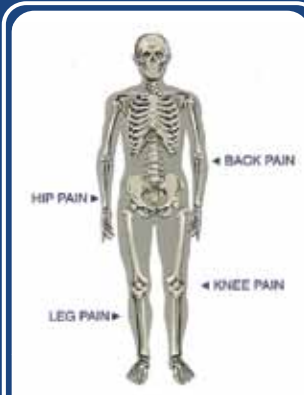
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DISTRICT LINK - AUGUST 2011

with Kevin Hegarty

National Health Reform (NHR)

National Health Reform (NHR) – Whilst final sign off of the NHR Agreement was only achieved on 2 August 2011, significant preparation work has been occurring at the State level. This preparation has also involved the District as it begins the transition to becoming the Sunshine Coast Local Health and Hospital Network (LHHN) from 1 July 2012.

Legislation to create the LHHNs was introduced in State Parliament on 16 June 2011. The legislation contains the provisions to create not only the LHHNs as statutory bodies but importantly the creation of Governing Councils, which will be responsible for the strategic governance of LHHNs. In essence, the changes will see Queensland Health (QH) becoming what is best termed a 'system owner'. In that role it will establish state-wide policies and be a service purchaser from the networks. The networks will be the service providers and will operate under a contractual arrangement that will articulate the range and quantity of services QH will fund.

The process for the appointment of Governing Councils has commenced with Expressions of Interest being advertised in July 2011 and closing on 21 October 2011. Membership of the Governing Councils will be determined through a merit process, based on skills and experience.

The role of Councils will be comparable to that of a board of directors hence, the expectation that appointees will bring a range of clinical, business, finance, legal and human resource experience.

The Councils' primary role will be that of ensuring the highest level of governance and performance of their respective Networks. The reform at the Network level is based on local decision making benefitting their community.

I would encourage all members of the SCLMA to consider the opportunity that the creation of the Sunshine Coast LHHN Governing Council will present and reflect on the option of nominating or encouraging others within our local community to consider putting their names forward. Full details on both council membership and position of Chair of the council are available on the following website:

http://www.health.qld.gov.au/health-reform/html/govn_councils.asp

Kevin Hegarty
District CEO
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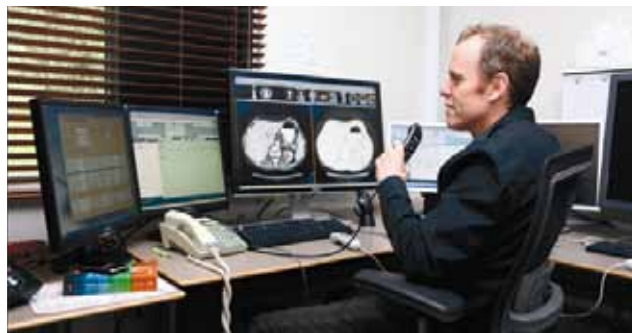
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AMA QUEENSLAND - PRESIDENT'S REPORT

Dr Richard Kidd



Reform Agreement Signed – What does it mean for Queensland?

On 2 August 2011 Julia Gillard announced a historic day for health as the national health reform agreement between the Commonwealth and states and territories of Australia was signed.

There is no doubt that health reform is needed in Australia if we are to continue to achieve health outcomes and enjoy health care that is amongst the best in the world.

While it is positive to see an agreement reached between all states and territories, it is an overstatement to be calling it a historic day especially since it is still a long way before patients will start seeing any of the promised funds.

The true success of the health reform will be if the agreement and extra investment results in increased health outcomes and improve delivery of care to our patients.

The reforms agreed to by COAG in February will mean an investment of an extra \$16.4 billion in public hospitals over the 2014-2015 to 2019-20 period, rising to a total \$175 billion to 2029-30.

It remains unclear how much of the promised funds will actually be distributed to Queensland and whether the funding will be enough to meet the health needs of patients.

Despite the agreement being finalised, there will be further levels of bureaucracy, such as the National Health Performance Authority (NHPA) which will inevitably lead to more inefficiency and waste in a system that is already severely underfunded.

Right now we know Queensland needs 1200 extra beds. Over the next 10 years, this extra investment from the Federal Government might only amount to enough money to build one or two hospitals such as the new Sunshine Coast University Hospital which will cost about \$1.97 billion and will start with only 450 beds.

Even if all this money was spent today, it would not meet the current needs of patients. Over a further 10 years of population growth, it clearly won't be enough.

Submission on the Health and Hospitals Network Bill 2011

AMA Queensland completed a submission to Queensland Health regarding the Health and Hospitals Network Bill 2011.

The promise for clinician engagement at a local level remains a sticking point for AMA Queensland and we stressed in the submission that 'a local practicing doctor with expertise in clinical issues as well as governance will make a valuable contribution to strategic, budgeting and resource allocation decisions made by any Local Hospital Network governing council'.

Another key section of the submission focused on the relationship that Local Health and Hospital Networks will have with Primary Healthcare Organisations (Medicare Locals). At the moment this relationship remains unclear

In order for Medicare Locals to work effectively, they need to preserve and support the role of GPs through strong GP engagement and focus on areas of unmet need. In the submission AMA Queensland requested further clarification regarding how an appropriate balance of rights and responsibilities will be apportioned to both Local Health and Hospital Networks and Medicare Locals, particularly when considering that geographical boundaries of each body are not concurrent.

The way these two bodies effectively engage will be critical in assessing whether 'real' reform in the health system has taken place.

Dr Richard Kidd, AMA Queensland President



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AMA COUNCILLOR'S REPORT

Dr Wayne Herdy

MENTAL HEALTH.

The AMA continues to lobby for review of the proposals to diminish the mental health roles of GP's. In the Budget - which has not yet become law - it was proposed to reduce the rebate for mental health items for GP's. We argue that, for the amount of work involved, the MBS fee is already too low. We also argue that to complete the EPC items, there is a significant component of non-face-to-face work. Non F2F work does not attract government funds, but the argument points out that the taxpayer gets even better value for mental health items than appears from the raw numbers. There is a real risk that GP's will partly withdraw from providing community mental health services if the rebates are slashed. This is yet another example of policy-driven evidence-free decision-making by a government that has little understanding of or concern for what actually happens in the consulting rooms of Australia's doctors.

RETIRED DOCTORS.

While the State Health Ministers in COAG seemed to regard the exclusion of retired doctors as a closed book, the continued lobbying by AMA and other groups looks as if it has taken a toll on the resolve of the government. While still not admitting that there is any role for senior doctors to have limited registration, the Medical Board has started saying that, if retired doctors are permitted to have a special category of registration, it will be at the cost of full-time practitioners whose registration fees will have to subsidize the registration costs of those who do not practise full-time. Am I being overly optimistic, or does that sound like a Medical Board that is finally prepared to reluctantly give some ground on this very emotive issue?

PRODUCTIVITY COMMISSION.

The Productivity Commission's report on the future of aged care in Australia was delivered to the government at the end of June, and now has been released to the public. As expected from the interim report published in January, the Productivity Commission has focused on the fiscal arrangements, on how to pay for an increasing aged population. Also predictably, it has skated over the aspects of interest to the health professions. The AMA's principal concerns when the interim report was published were that the Productivity Commission paid scant attention to clinical matters. The AMA is concerned about patient care and manpower issues. The Productivity Commission has forgotten that "aged care" is principally about the word "care".

Once again, our response comes from our area of expertise. We can claim no intrinsic expertise about financial matters such as the macroeconomic management of reverse mortgages and derivatives.

We can claim considerable expertise about how to look after sick people, how to deliver the health services that they need, how to do so effectively and efficiently, and how to muster the people necessary to deliver those services. The AMA's response to the Productivity Commission's report will look past most of its brick-and-mortar and dollars-and-cents approach and will focus more on what the report does not contain. We will draw attention to the human face of aged care.



What will happen to the report now? The Rudd government commissioned the National Health and Hospital Reform Commission - and adopted its recommendations with enthusiasm. The same government also commissioned the Henry tax reform commission - and has acted on very little of its recommendations. Will the PC report be adopted wholesale like the NHHRC or overlooked like the Henry tax reforms?

My personal view (and I have to stress that this is MY view) is that Australians are familiar with the concept of ageing in place. We move in a progressive fashion through a series of forms of accommodation that suit our stage of life, leaving our parents' care and transitioning from a newlyweds' unit to a family home to a more substantial family home, then downsizing as empty-nesters and moving into retirement villages and on to increasing levels of dependence in nursing homes. It is only at the last stages that we are not familiar with the concept of selling the old home to buy the next one. This aspect of the PC recommendations is likely to be palatable. User-pays in aged care is inevitable because the baby boomers have not produced enough taxpayers to finance our progression into residential aged care. Any suggestion that nursing homes be turned into short-stay community hospices, geared towards terminal care for only the last few months of life, and probably accessed in times of crisis and stress, does not fit neatly with the Australian ethos. What does fit with our comfortable patterns of life is a gentle and progressive elective transition from one form of accommodation to something else that suits our needs better. This is ageing in place.

Now that the final report is public, we can comment and discuss it openly. But we now will watch and see how a government which is sliding ever downwards in the polls will tell the Australian people how we should be preparing for our personal plans for aged care.

Wayne Herdy.

MEDICAL MOTORING

with Doctor Clive Fraser

Leyland P76 Targa Florio “Australia’s Own Car!”



With the prescribing of medications by nurses, and pharmacists doing health checks it was inevitable that another non-doctor would stake a claim on our traditional medical territory.

The latest in-road comes from none other than our elected representatives who have now seen fit to over-rule their own expert advisors on the PBAC.

Doctors have looked on in dismay as five important pharmaceuticals have run the gauntlet of the PBAC only to be pipped at the post by our politicians in Cabinet.

In the resulting war of words I was initially right behind Medicines Australia chief executive (Dr Brendan Shaw PhD - Management) who was wholeheartedly on the side of the patients with schizophrenia, excessive sweating and chronic pain.

That was until he went just that bit too far.

In a radio interview in July, he called Ms Gillard’s pharmaceutical policy a “Leyland P76 government policy”.

He described it as, “badly put together, it looks ugly from whichever way you look at it, and the public don’t want it”.

They were fighting words.

As a fan of the Leyland P76, I just can’t stop myself from coming out in its defence.

The first of 18,007 Leyland P76’s rolled off the Zetland inner Sydney production line in 1973.

Unfortunately, the stylized P76 badge on the rear of the car did arguably say “PIG” if you were myopic, so an undeserved nick-name was emblazoned on that enormous 44 gallon drum rear derriere.

The body was otherwise beautifully styled by Giovanni Michelotti and the car was immune from parking inspectors because of the recessed wiper blades.



As the engineers strove to improve its rigidity the body was made from only 215 panels, amazingly only five more than a Leyland Mini.

Under the bonnet was an over-head cam straight six or an advanced aluminium V8. Both of these engines ran rings around the competition in the XA Ford Falcon, the HQ Holden and the VJ Chrysler Valiant.

The aluminium block shaved a 230kg weight advantage over the cast iron competitors and promised better fuel consumption.

But the US decision in October 1973 to re-supply the Israeli military caused the OAPEC countries to declare an oil embargo which would suddenly make large cars around the world an endangered species.

This still didn’t stop the motoring journalists at Wheels magazine naming the Leyland P76 V8 the 1973 “Wheels Car of the Year”.

MEDICAL MOTORING /cont:

This is what they had to say about it:

"It is in the V8 version that it really shows its potential. It sets new standards for medium-sized local cars in its ride/handling/road-holding compromise; it has fine brakes, is comfortable, very roomy, and practical and, with the all important V8 engine, has excellent performance and superior fuel consumption compared to the V8 opposition and the larger competitive sixes. Of course, the car is not perfect but in reaching its design objectives the P76 V8 has contributed to the engineering standards of Australian cars."

In 1974, Evan Green drove a Leyland P76 to success in the 1974 World Cup Rally and made the fastest time around the leg in Sicily.

This included part of the former Targa Florio course and Leyland celebrated by introducing a limited run of 300 P76 Targa Florio's to celebrate.

So, take that Dr Brendan Shaw!



Leyland P76 Targa Florio V8

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A Quiz for people who know everything! There are only nine questions.

These are not trick questions. They are straight questions with straight answers.

1. Name the one sport in which neither the spectators nor the participants know the score or the leader until the contest ends.
2. What famous North American landmark is constantly moving backward?
3. Of all vegetables, only two can live to produce on their own for several growing seasons. All other vegetables must be replanted every year. What are the only two perennial vegetables?
4. What fruit has its seeds on the outside?
5. In many liquor stores, you can buy pear brandy, with a real pear inside the bottle. The pear is whole and ripe, and the bottle is genuine; it hasn't been cut in any way. How did the pear get inside the bottle?
6. Only three words in standard English begin with the letters 'dw' and they are all common words. Name two of them.
7. There are 14 punctuation marks in English grammar. Can you name at least half of them?
8. Name the only vegetable or fruit that is never sold frozen, canned, processed, cooked, or in any other form except fresh.
9. Name 6 or more things that you can wear on your feet beginning with the letter 'S.'

Answers Page 13.

“BUILD IT AND THEY WILL COME”

SC Pannell wine dinner at ‘Hungry Feel’, Buderim July 10



Love that movie, “Field of Dreams”. And like a dreamer but more so a wine architect who dared to dream, Steven Pannell has constructed wine with a robust palate yet balanced structure. Steve claims that his wines are all food wines, and to cut through fats or sweetness, tannin and structure are paramount.

The wines are unashamedly bent to a Mediterranean theme. I asked Steven, who has worked in Burgundy and Bordeaux in France and Italy’s Barolo region, where his favourite area in the world was. At that moment, his face lights up and the corners of his mouth rise and you can almost see his mind transporting him back to a nostalgic moment as he nails “Italy” as the place. “The home of many grape species, the local rustic food that matches these wines and the chaos that is Italy do it for me. And of course the priority given to family”

On the point of family, Steven’s pedigree is blue blood in the world of wine with his father being Dr Pannell who founded the Margaret River icon winery Moss Wood. “Working his guts out” as a kid, he said that there was no way he would ever be a vintner. Of course never say never.

All of the tight knit group at Hungry Feel in Buderim, who sniffed, swirled and swallowed, couldn’t imagine the pleasure that we would have been denied.

The food matching by chef-owner Chris White showcased the wine beautifully along with the smart table service by his lovely wife, Larissa.

The first of five courses was sumptuous mussel chowder paired up with the Pronto Bianco 09 Adelaide Hills. This blend of 47% Sauvignon Blanc, 41% Riesling and 12% Pinot Gris with passionfruit and pear aromas and a mouth filling zingy acid finish accompanied the mussel chowder that had its own citrus notes.

The next wine was the Pronto Tinto. It is a blend of Barossa Valley Mourvèdre, Adelaide Hills Shiraz, Touriga and Grenache. The nose is slight with cherries and raspberries and a hint of smokiness. The palate full and well structured. Passiederre tart (anchovies with a tomato and onion paste) was a worthy match. Each taste high lighting their earthy and rustic origins.

The emphasis on the architecture of the wine becomes more evident as the Tempranillo Touriga McLaren Vale/ Adelaide Hills 07 was expertly matched to a stuffed zucchini flower served on paella. This wine displayed intense deep red-purple colours, a bouquet of raisins with earthy notes and a full mouth feel and lovely dry finish to match the richness the meal. The Nebiolo 07 Adelaide Hills is Steve’s signature wine winning many awards from best dry red, Italian style red and best red in Show. The nose was subtle with whiffs of braised plums and truffles. It had such an engaging length and dryness that married well with beef cheeks, white polenta and peas.

Sad to say the last course of five was insight. Cassoulet Canard- duck and pork on white beans punctuated the night and paired well with the Shiraz 60% Grenache 40% 07 McLaren Vale. The cherry juby nose of Grenache integrated well with the brooding plums and violets of the Shiraz. Not much oak exposure and very little volatile acid makes this a cracker; true to his ideology.

Steven Pannell has already begun his inexorable charge to viticultural notoriety. The Hungry Feel provided an intimate and well constructed meal. It rates in my top 10 wine nights and let’s face it, I’ve been to a few. The wines range from \$25 to \$50. Not cheap but oh my food loving friends, a triumph to the rare skill of harmonising the symphony of food and wine.

Cin Cin Steve and Chris, magnifico!

More next month ... Dr Plonk

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Answers To Quiz for people who know everything (from page 11)

1. The one sport in which neither the spectators nor the participants know the score or the leader until the contest ends: Boxing.
2. North American landmark constantly moving backward: Niagara Falls . (The rim is worn down about two and a half feet each year because of the millions of gallons of water that rush over it every minute.)
3. Only two vegetables that can live to produce on their own for several growing seasons: Asparagus and rhubarb.
4. The fruit with its seeds on the outside: Strawberry.
5. How did the pear get inside the brandy bottle? It grew inside the bottle. The bottles are placed over pear buds when they are small, and are wired in place on the tree. The bottle is left in place for the entire growing season. When the pears are ripe, they are snipped off at the stems.
6. Three English words beginning with dw: Dwarf, dwell and dwindle...
7. Fourteen punctuation marks in English grammar: Period, comma, colon, semicolon, dash, hyphen, apostrophe, question mark, exclamation point, quotation mark, brackets, parenthesis, braces, and ellipses.
8. The only vegetable or fruit never sold frozen, canned, processed, cooked, or in any other form but fresh: Lettuce.
9. Six or more things you can wear on your feet beginning with 'S': Shoes, socks, sandals, sneakers, slippers, skis, skates, snowshoes, stockings, stilts.



The Sunshine Coast Local Medical Association sincerely thanks the Management and Couriers of Sullivan Nicolaides Pathology for the distribution of the monthly newsletter and the invitations to the monthly clinical meetings.

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BEAUTIFUL YOU!

by Dr Heather Parker

Doctors: here is a resource that will help both you and your cancer patients – and it's FREE.

We all have too much exposure to cancer and have that overwhelming feeling of helplessness in having to communicate such a diagnosis. And after the surgery and chemotherapy, with the patient having to deal with the feelings of loss of femininity, nausea and hair loss it is a Godsend to find a place to send patients where they are pampered and supported.

Debbie Clayton knows first-hand of the devastation of losing her Mum to breast cancer. Her business is called "Healing Art Therapies" in Buderim and she is a remedial massage therapist. In her mother's memory, she established "Beautiful YOU", and once a month she opens her premises (and her heart) to women suffering from cancer.

"It is a real fun morning" said Debbie. "Lots of laughs, which is the best therapy! The best part is to see the smiles on their faces, smiles that were not there when they first arrived."

There they get to try on wigs, have scarf demonstrations, skin care and makeup done and hand and foot massages. Other activities include art and craft days, candle making, beauty tips, jewellery making, glass painting, cooking days and pilates exercise.

Debbie helps to lessen the shock and fear that losing hair can bring, and gives ladies a sense of control by having a "Champagne Shave Day", supplying champagne and strawberries, and massage after shaving the entire scalp.

The ladies get to meet others and exchange phone numbers and become good friends.

One woman said: "When we are at Beautiful YOU mornings, all the strain gets washed away and we are able to focus on our creativity and enjoy a connection and friendship with others in the same situation."

And another said: "Wow! What a day! Such a delight to be treated with such pleasure as a foot massage, eye brow waxing and good quality makeup. To have such care for myself – FREE – is like a gift from Heaven".

Beautiful YOU has a 5c challenge to help fund this service, having five months to raise 5 million 5 cent pieces. If the doctors of the Sunshine Coast would allow a collection box in their waiting rooms until November, I'm sure most people would part with loose change or 5 cents for such a cause. QML has offered to deliver the collection boxes, and they can be collected or removed by phoning Debbie at 54 45 5455. Donations can also be made at Bank of Queensland in Buderim.

For further information, go to www.beautiful-you.com.au

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RESTAURANT REVIEW

Cucina Al Mare, Italian Restaurant Marcoola



What do Pacific smoked salmon, Australian avocado and Turkish grilled bread have in common you may ask. Nothing except it's the lunch that I am eating as I write this August review.

And so we get to talk about Cucina Al Mare.

Merchants Parade, Marcoola, a rather humble location I hear you mutter. Away from the golden triangle or the more well heeled northerly locations.

The ambience is fitting of any contemporary Melbourne or Sydney restaurant. The oversized wood framed mirrors, wooden tables and matching chairs. Black aprons, white menus and staff who are well informed add to the dining experience. Put this restaurant in Sydney or Melbourne and you will have to phone and book three months in advance.

France, Aurillac is where our French student comes from. It's Saturday night and my daughters have been on at me that we need to go out and show our guest some of the finer dining establishments. At first I hesitate and then I realise that this may just work out. Dinner and a foodie review.

Cucina Al Mare several years ago used to be called Franco's. Franco left and it became Cucina Al Mare. True to Franco's name it remains an Italian Restaurant but with an eye to more contemporary fine Italian dining.

The restaurant was busy, always a good sign especially in the current troubled economic times. Cucina is fully licensed but for \$8 corkage you can BYO wine.

Antipasti - we shared the Vegetali Tarte, winter vegetable tart with marinated goats cheese and pepper wafer biscuit. Pepper wafer biscuit, what's that? It makes up the base of the tart in which the warm winter vegetables lie. In this case, mushrooms, eggplant, and baby tomatoes. Rocket leaves add some green and the marinated goats cheese drizzled with olive oil provides balance to the more conservative taste of the winter vegetables. Further flavour is added to the dish by a perfectly executed swirl of pesto which frames the tart. The presentation was perfect.

Scollopini of veal served with dutch carrots, parmesan mashed potato (yes potato not my spelling mistake) and broccolini. Veal is from young calves and as you can well imagine is difficult to source at certain times of the year.

It should be tender to the fork served with enough creamy sauce to cover the veal without over powering the dish. The flavours were good but the veal was a bit tough. Maybe not quite a calf but a three quarter cow.

L'Agnello, linguini with braised lamb (braised - lamb is first seared at a high temperature and then finished in a covered pot with natural juices to enhance the flavour) with rich napoli sauce, baby english spinach and grana padano (Grana Padano, is one of the world's first hard cheeses, created 1,000 years ago by the Cistercian monks of Chiaravalle Abby, founded in 1135 near Milan.) Entree size is sufficient. The linguini was fresh and complimented well with the napoli sauce and grated grana padano. Lamb was chewy and one piece in particular made me question what could have been a near perfect dish. Chefs, please buy your meat carefully, remove the sinew and taste the meat before serving.

Affogato, a scoop each of vanilla and chocolate ice cream served with a shot of espresso and biscotti. For the adventurous like us you can add a shot of Cointreau, Amaretto or Frangelico. Do not ask for the menu when it's time for dessert, just yell out AFFOGATO times 2.

The vanilla ice cream had a neat trick to it which you can try at home. To plain vanilla ice cream add the contents of a vanilla pod. Take a vanilla pod, split it down the middle and scratch out the contents. Add to plain ice cream, stir through to intensify both the taste and look of the vanilla ice cream.

And so the evening drew to an end. It was time to get the 4 princesses home. I hear you say 4! Yes with the addition of our student from Aurillac the male ratio had slipped to 4:1.

Masterchef Score:

Vegetali Tarte 8/10, (\$14)

L'Agnello 6/10, entree size (\$14)

Scollopini 7/10, (\$28)

Affogato 9/10, (\$8.50)

So Bon Appetite till we meet again....

Marcel Knesl

valmolives@gmail.com

**Thirteenth Annual General Meeting
The Sunshine Coast Local Medical Association Inc.
Thursday 19 August 2010
Maroochydore Surf Club Function Room**

MINUTES

Meeting opened at 7.30 pm by the President, Dr Andrew Southee

Business:

1. Chairman's opening remarks.

2. Members present:

Drs Greg Beak, Trevor Beall, Fabio Brecciaroli, Anthony Chan, Peter Cohn, Ian Colledge, Michael Cross, Mark de Wet, John Eckersley, Vince Flynn, Andrew Foster, Clive Fraser, Peter Garrett, Bruce Goldshaft, George Gormacz, David Goss, Robyn Hewland, Kirsten Hoyle, Raewyn James, Peter Jefferies, Dominic Kenyon-David, Sabi Kishore, Lisa Knesl, Lance Lawler, Chris Lonergan, Ian Markwell, Brian McDonnell, Di Minuskin, Sean O'Connor, George Parker, Trish Pease, Russell Perrin, Debbie Pfeiffer, Steve Phillips, Mel Pretorius, Peter Ruscoe, Andrew Southee, Mason Stevenson, Fiona Stewart, Karien Treurnicht, Sarah Wellington, Phil Werchon, Peter Zwoener, Wiki Puriri, Steve Kettle, Peter Jacobs, Garry Shaw, David Colledge and Scott Phipps.

3. Apologies from members:

Drs Michael Bint, Russell Bourne, James Dick, Colin Dicks, Ron Dolton, Stan Green, Adrian Guest, Geoff Hawson, Fran Johnson, Barney Kann, Sybil Kellner, David Kirkman, Petra Ladwig, Denise Ladwig, David Lawson, David Leslie, Wyn Lewis, Bill Lindsay, Andrew McIntyre, Paul Munchenberg, Peter Nash, Clem Nommensen, Byron Oram, Kannan Rajappa, Ian Rivlin, Umesh Sinnya, Jeff Tarr, John Topping, Val Turner, Edward Weaver, Mark Welsh, Rohan Wilmott, Marlene Clout, Wayne Herdy, Marcel Knesl and Damien O'Brien.

4. Minutes of previous Annual General Meeting, 20 August 2009:

Moved: Dr Andrew Southee. Seconded: Dr Trevor Beall.
Accepted.

5. Business arising from previous minutes: Nil

6. President's report delivered by Dr Southee:

Dr Southee thanked the SCLMA for electing him as president and said it had been a privilege to serve in this position. He thanked the patron Ian College, the membership committee, Jo Bourke and the presenters at the meetings.

He claimed that the biggest issue of his Presidency was the delay in building the Kawana Hospital. Another notable event was the establishment of the Bursary for Dr June Canavan.

7. Treasurer's report delivered by Dr Trevor Beall.

Dr Beall thanked Dr Southee, the management committee and Jo Bourke and said he was honoured to be trusted with his position.

Income for the year \$44,000.

Operating profit \$8000.

Moved: Dr Trevor Beall. Seconded: Dr John Eckersley.

Carried.

8. The presentation of the statement of income and expenditure, assets and liabilities and mortgages, charges and securities affecting the property of the LMA for the last financial year.

9. The presentation of the Auditor's report on the financial affairs of the LMA for the last financial year.

10. The presentation of the audited statement to the meeting for adoption.

Moved Dr Beall, seconded Dr Phillips. Carried.

11. The appointment of an Auditor/Accountant – Smart Steps accounting.

12. The election of members of the Executive Management Committee.

Election process chaired by Jo Bourke.

The nominees for positions for 2010 – 2011 were as follows:

ROLE	NOMINEE	PROPOSER	SECONDER
President	Dr Mason Stevenson	Dr P Pease	Dr M Clout
V/P & Secretary	Dr Wayne Herdy	Dr M Clout	Dr P Pease
Treasurer	Dr Peter Ruscoe	Dr Di Minuskin	Dr P Pease

MINUTES - 13th Annual General Meeting 19 August 2010 /cont:

Meetings Convenor	Dr Di Minuskin	Dr W Herdy	Dr P Pease
Newsletter Editor	Dr Michael Donovan	Dr Di Minuskin	Dr P Pease
Hospital Liaison	Dr Hillary Vincent	Dr P Pease	Dr Di Minuskin
Committee	Dr Marlene Clout	Dr K Hoyle	Dr P Pease
Committee	Dr Kirsten Hoyle	Dr P Pease	Dr M Clout
Committee	Dr Deborah Pfeiffer	Dr W Herdy	Dr P Pease
Committee	Dr Geoff Hawson	Dr W Herdy	Dr A Southee
Committee	Dr John Eckersley	Dr P Pease	Dr W Herdy
Committee	Dr Andrew Foster	Dr P Pease	Dr D Minuskin
Committee	Dr Nigel Sommerfeld	Dr P Pease	Dr D Minuskin

All nominees were elected unopposed.

13. General Business:

Address by Dr Mason Stevenson expressing thanks for his election and pledging to represent the Association in the year ahead.

The meeting closed 7.45pm.

Dr Patricia Pease
Honorary Secretary



Fourteenth Annual General Meeting The Sunshine Coast Local Medical Association Inc. Thursday 25 August 2011 Maroochydore Surf Club Function Room

AGENDA

Business:

- 1 Chairman's opening remarks
- 2 Apologies
- 3 Minutes of previous Annual General Meeting, 20 August 2009.
- 4 Business arising from previous minutes
- 5 President's report
- 6 Treasurer's report
- 7 The presentation of the statement of income and expenditure, assets and liabilities and mortgages, charges and securities affecting the property of the LMA for the last financial year
- 8 The presentation of the Auditor's report on the financial affairs of the LMA for the last financial year
- 9 The presentation of the audited statement to the meeting for adoption
- 10 The election of members of the Executive Management Committee
- 11 The appointment of an Auditor/Accountant
- 12 General Business:
- 13 Close

Dr Wayne Herdy
Honorary Secretary

**SUNSHINE COAST LOCAL MEDICAL ASSOCIATION
MANAGEMENT COMMITTEE MEETING
THURSDAY 28 JULY 2011
MAROOCHYDORE SURF CLUB FUNCTION ROOM
DRAFT MINUTES**

Meeting commenced 6.10 pm.

Present: Drs Mason Stevenson, Wayne Herdy, Di Minuskin, John Eckersley, Peter Ruscoe, Debbie Pfeiffer, Andrew Foster, Marlene Clout, Nigel Somerfeld, Scott Phipps and Kirsten Hoyle. Observer Jo Bourke).

Apology: Dr Geoff Hawson.

Minutes of last meeting:

Motion: 'that the minutes of the meeting 23 June 2011 be accepted as a true and accurate record of the meeting.'

Moved: Wayne Herdy.

Seconded: Mason Stevenson. Carried.

Business arising from Minutes (if not dealt with elsewhere on the agenda):

- We will continue to publish draft Minutes of the previous meeting in our Newsletter each month.

President's Report: Dr Mason Stevenson

1. Reduction of mental health rebates from 1 November 2011;
2. Changing face of GP afterhours with Medicare Local and GP Super Clinic;
3. GP practice nurse incentive commencing 1 January 2012;
4. Discussions – health district re September Spring Clinical meeting. Now too late to arrange a conjoint meeting as previously contemplated, other than to attach their content to our regular monthly meeting.

VP & Secretary's Report: Dr Wayne Herdy

(a) AMA Councillor's Report:

- Since the last meeting, there has still been rather little activity by either Federal or State AMAs, other than the GP issues already raised in the President's Report. The committees of the Federal AMA have been formed but have not yet met. The committees of AMAQ have not yet been announced.
- Federal AMA has spoken critically of the mental health funding changes proposed in the Budget.

(b) Correspondence In:

- Office of Fair Trading – Annual Return
- Leonie Harvey – recipient June Canavan Bursary 2011

Correspondence Out:

- Murray McGregor

Treasurer's Report: Dr Peter Ruscoe

(a) Accounts to be paid:

- Australia Post – June 2011 account
- Jo Bourke – June 2011 secretariat
- Office National – June 2011 account
- Snap Printing – July 2011 Invitations & Nomination forms
- Snap Printing - July 2011 newsletter
- Jo Bourke – July 2011 newsletter
- USC – June Canavan Bursary
- BAS

The Treasurer, Peter Ruscoe, moved that the accounts be paid and the Treasurer's report be accepted.

Seconded: Mason Stevenson. Carried.

(b) Membership Report.

- Dr Jeremy Long (medical oncology)

Peter Ruscoe moved that the new member be accepted.

Seconded: Di Minuskin. Carried.

Meetings Convenor Report, Dr Di Minuskin:

- Meetings with sponsors and speakers are being arranged for 2012;
- Christmas Function, 3 December 2011 – format discussed.

SCDGP Report, Dr Scott Phipps:

- Reapplication for a Medicare Local has been lodged with changes made as per general feedback received. Meetings with interested parties continue and we have established a working party to consider a constitutional framework;
- 'Focus' has moved to larger premises to allow further expansion of services;
- Otherwise SCDGP business as usual.

Sunshine Coast Public Hospitals Report: No report.

General Business:

(a) SCDGP Forum:

- Report from John Eckersley to be provided.

(b) GP after-hours:

- Now proposed to be a major responsibility of the Medicare Local.

(c) GP practice nurse incentive:

- There is a widespread expectation that significant numbers of enrolled nurses (ENs) will lose their positions.

(d) Website:

- The President circulated a draft of the introductory page proposed to be included in the opening page of our Website which is expected to go live next week.

(e) Advertising – code of conduct:

- The President introduced a proposal from a local entrepreneur who has submitted a concept for an economic alliance with the SCLMA. This will be considered by Executive members over the coming month and discussed at the next meeting.

Next meeting:

- Thursday 25 August will be the Annual General Meeting.
- All Executive positions are declared vacant, all incumbents are eligible for re-nominations and all financial members are eligible to be nominated (and seconded) by other financial members.

Meeting Closed 7.00pm

Next Meeting: Thursday 25 August 2011, 6.00pm

Dr Wayne Herdy, Secretary.

CLASSIFIEDS

Part-time or Casual Senior Medical Officer, BreastScreen Queensland Sunshine Coast

The BreastScreen Queensland Sunshine Coast Service in Nambour is seeking expressions of interest for a female permanent part-time or casual Senior Medical Officer (SMO) for one regular 4-hour session per week, and leave relief for other SMOs as required. The regular session will be either a Wednesday or Friday morning.

Duties include clinical examination of women recalled for assessment of mammographic lesions, performance of percutaneous needle biopsies, provision of results and counselling for women diagnosed with breast cancer or suspicious breast lesions. All necessary training will be provided. FRACGP or FACRRM is desirable but not mandatory.

Terms and conditions will be under the Queensland Health Medical Officers' Certified Agreement II.

For all enquiries, please contact: **Dr Debbie Pfeiffer, Medical Director. Ph: 5470 5033**

Email: debbie_pfeiffer@health.qld.gov.au

(please note the underscore in "debbie_pfeiffer".

August 2011

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August 2011

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July 2011

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Quote of the month

*"Consciously or unconsciously, every
one of us does render some service or
other.*

*If we cultivate the habit of doing this
service deliberately, our desire for
service will steadily grow stronger, and
will make, not only our own happiness,
but that of the world at large."*

*Mahatma Gandhi
1869-1948, Indian Political
and Spiritual Leader*

SCLMA July 2011 Monthly Clinical Meeting - Maroochy Surf Club Function Room
A well attended meeting with presenter, Dr James Moir, IVF – Obstetrics - Gynaecology -
'Surrogacy (with case study) and AMH (Anti-mullerian Hormone Blood Test)
The SCLMA extends its appreciation to our Sponsor: ME RCK SERONO



From left:
Dr Chandran
Ramaswamy,
Dr James Moir,
Presenter
Dr Andrew
Paszkowski
and
Dr Andrew Spall



Drs Karien Treurnicht, Petros Markou & Jenny Grew



Dr Bob Anderson with Dr Brian Muir



Above: Dr Bruce Goldshaft, Dr Stephen Kettle
and Dr Michael Cross.

Right: Dr Petra Ladwig and Dr Raewyn James.

